

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township Washington Secondary Registration District No. 1001 File No. 28523
 City St. Joseph (No. St. Joseph Ward St. Joseph) Registered No. 8113

2. FULL NAME

Eugene Kimberlake
 (a) Residence, No. unknown St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>unknown</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown 1890</u>		
7. AGE	YEARS	MONTHS
<u>42</u>	<u>unknown</u>	<u> </u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
<u>laborer</u>		<u> </u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
<u> </u>		<u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
13. NAME <u>unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>Police Dept. Records</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>City Cemetery Sept 15, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>E. J. Dillenbagen</u>		
20. FILED <u>9-13-32</u> 19 <u>32</u> <u>J. H. K. Bender</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept-11-1932 to Sept 11-1932
 I last saw him alive on Sept-11-1932 Death is said to have occurred on the date stated above, at 4:37 m.
 The principal cause of death and related causes of importance were as follows:
Accidental poisoning from morphine
Not suicide
 199 M
 Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) T. L. Newber M. D.
 (Address) 407 N. 1st St. St. Joseph, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 24 1932

